

PUBLIC UTILITIES COMMISSION

505 VAN NESS AVENUE

SAN FRANCISCO, CA 94102-3298



April 11, 2005

Re: Universal Lifeline Telephone Service (ULTS) Workshop

The Telecommunications Division has scheduled a workshop on April 20, 2005 in compliance with D.05-04-026. The objective of this workshop is to determine the role of a third party administrator (TPA) or a certifying agent (CertA) whose duties are to qualify low-income households in ULTS based on eligibility criteria established in D.05-04-026. This workshop may continue on April 21, and/or April 27 at the same time and venue.

The Commission's contractual arrangement with the CertA will change telecommunications carriers' procedures for the provision of ULTS services. If your company provides or is planning to provide ULTS services to California residents, it is strongly recommended that you attend this workshop.

A phone bridge will be available by calling 877-780-7587, passcode: 242672#. Due to an anticipated large number of workshop participants, participation by phone bridge is limited to listening only.

In accordance with D.05-04-026, you may provide suggested revisions and additions to the attached agenda by initiating an e-mail to ayy@cpuc.ca.gov by April 14, 2005. Furthermore, due to room and phone bridge capacity constraints, please include in the e-mail the number of your representatives that will be attending the workshop and/or using the phone bridge.

The training room is accessible to people with disabilities. If specialized accommodations for the disabled are needed such as sign language interpreters, please call the Public Advisor at (415) 703-2074 or TTY# (415) 703-5282 or toll free # 1-866-836-7825 on or before April 15, 2005.

/s/ John M. Leutza

John M. Leutza, Director
Telecommunications Division

CALIFORNIA PUBLIC UTILITIES COMMISSION
505 VAN NESS AVENUE, TRAINING ROOM
SAN FRANCISCO, CA 94102

ULTS WORKSHOP

Phone Bridge (for listening only): 877-780-7587
Passcode: 242672#

April 20, 2005
9:30 am – 4:00 pm
April 21, 2005, if necessary
April 27, 2005, if necessary

Objective: Determining the Role of the Certifying Agent

Conducted By: Telecommunications Division

AGENDA

I	<ul style="list-style-type: none">• Certification and Verification forms<ul style="list-style-type: none">○ Languages (carriers providing ULTS services: please provide a list of languages currently served)○ Braille	pp 2-6
II	<ul style="list-style-type: none">• Master Database and Confidentiality of Customers' Personal Information<ul style="list-style-type: none">○ carriers' customer database formats (carriers receiving ULTS funding: please provide a sample of customer database format currently maintained)	p 7
III	<ul style="list-style-type: none">• Web-based Enrollment Program and Accessibility by Disabled<ul style="list-style-type: none">○ Screen-Reading Compatibility	pp 8-9
IV	<ul style="list-style-type: none">• Roles of and Relationships between Consumers, Carriers, and Certifying Agent<ul style="list-style-type: none">○ Appeal Process	pp 10-11
V	<ul style="list-style-type: none">• Implementation<ul style="list-style-type: none">○ Phase I – Set-up (Sep-Dec, 2005)○ Phase II – Implementation (Jan 1, 2006)○ Phase III – On-going (Jan 1, 2006 and onward)	p 12

CERTIFICATION & VERIFICATION FORMS

CALIFORNIA PUBLIC UTILITIES COMMISSION**UNIVERSAL LIFELINE TELEPHONE SERVICE (ULTS)
ENROLLMENT FORM (Income-based)**

Return form to:
ABC Contract Services
505 Van Ness Avenue, #200
San Francisco, CA 94102

A. Carrier Information

Name of Carrier:	E-Mail:
	Utility ID #: U- -C
Due date for submission of completed form by Subscriber:	/ /

B. Subscriber Information

First Name and Middle Initial	Last Name		Social Security # - -
Service Address			Suite/Apartment
City	State	Zip Code	ULTS Telephone # () -
Billing Address (if different from service address)			Apartment No.
City	State	Zip Code	Contact Tel. () -

C. Income-Based Eligibility Criterion

If you qualify under the income-based criterion, check the appropriate income box below:

Check Box (1 only)	Household Size	ULTS Annual Income Limits (6/1/04 through 5/31/05)
	1-2 members	\$20,100
	3 members	\$23,700
	4 members	\$28,400
	5 members	\$33,100
	6 members	\$37,800
	_____ members	For each additional member after 6 members add \$4,700 to \$37,800: \$

Check the appropriate box/boxes of income documents that you are attaching:

<input type="checkbox"/>	Prior year's state, federal, or tribal tax return;
<input type="checkbox"/>	Income statements from an employer or paycheck stubs for the last three months ;
<input type="checkbox"/>	Statement of benefits from Social Security, Veterans Administration and receive no other income;
<input type="checkbox"/>	Statement of benefits from retirement/pension, unemployment/workmen's compensation, and receive no other income;
<input type="checkbox"/>	Federal or tribal notice of participation in Bureau of Indian Affairs General Assistance;
<input type="checkbox"/>	A divorce decree and receive no other income; or
<input type="checkbox"/>	Child support document and receive no other income.

D. Signature – By signing below, I certify, under penalty of perjury, that the above information including all accompanying income documentation, is true and correct. I have read the instructions and understand that I must meet the eligibility criteria in order to enroll in the ULTS program.

Customer signature	Date
---------------------------	-------------

E. Special communication assistance – In communicating with you, do we need to use special communication assistance? If so, please identify: _____

INSTRUCTIONS FOR COMPLETING THE ULTS ENROLLMENT FORM

Part A – To be completed by carriers if a carrier has enrolled the subscriber in ULTS subject to the completion and submission of the ULTS Enrollment form by the subscriber.

Part B – To be completed by carriers if a carrier has signed up subscriber for ULTS service(s).
To be completed by subscribers if a subscriber wishes to prequalify before contacting carrier.

Part C – To be completed by subscribers.

To be qualified under income-based criterion, your household income must not exceed the income-limit for the corresponding number of members in your households. You must also attach income documents supporting your total household income.

Household Income is defined as all revenues, from all household members, from whatever source derived, whether taxable or non-taxable, including, but not limited to: wages, salaries, interest, dividends, spousal support and child support, grants, gifts, allowances, stipends, public assistance payments, social security and pensions, rental income, income from self-employment and cash payments from other sources, and all employment-related, non-cash income.

Part D – To be completed by subscribers. By signing the form, the subscriber is certifying, under penalty of perjury, that the completed information including all accompanying income document(s) is true and correct. The subscriber also certifies that he/she has read these instructions and he/she must meet the eligibility criteria in order to enroll in the ULTS program.

Mail the completed form with the required income documentation on or before the due date indicated in Part A to:

**ABC Contract Services
505 Van Ness Avenue, #200
San Francisco, CA 94102**

Subscribers enrolled in ULTS subject to the submission of the ULTS Enrollment form must complete the above described process on or before the date indicated in Part A. Any ULTS subscriber who fails to submit a signed enrollment form on or before this date *will be removed* from the ULTS program. The carrier has the authority to bill the subscriber for all ULTS discounts received. The subscriber will also be subject to the carrier's rules for regular residential customers including the establishment of credit.

Part E – To be completed by subscribers. In communicating with you, if the certifying agent and/or the Commission need to use special communication assistance, e.g. language, relay service, TTY, etc., please identify.

CALIFORNIA PUBLIC UTILITIES COMMISSION**UNIVERSAL LIFELINE TELEPHONE SERVICE (ULTS)
ENROLLMENT FORM (Program-based)****Return form to:****ABC Contract Services
505 Van Ness Avenue, #200
San Francisco, CA 94102****A. Carrier Information**

Name of Carrier:	E-Mail:
	Utility ID #: U- -C
Due date for submission of completed form by Subscriber:	/ /

B. Subscriber Information

First Name and Middle Initial		Last Name	Social Security # - -
Service Address			Suite/Apartment
City	State	Zip Code	ULTS Telephone # () -
Billing Address (if different from service address)			Apartment No.
City	State	Zip Code	Contact Tel. () -

C. Program-Based Eligibility Criterion

If you are enrolled in any one of the following programs, you qualify for ULTS. Please check the corresponding box for the program that you are enrolled in and proceed to Part D, Signature:

<input type="checkbox"/> Medicaid/Medical	<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Federal Public Housing Assistance (Section 8)
<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> National School Lunch's FREE Lunch Program Name of Child:	<input type="checkbox"/> Healthy Families Category A Name of Child:
<input type="checkbox"/> Women, Infant and Children (WIC) program	
<input type="checkbox"/> Tribal TANF	<input type="checkbox"/> Bureau of Indian Affairs General Assistance
<input type="checkbox"/> Tribal NSL	<input type="checkbox"/> Tribal Head Start

D. Signature – By signing below, I certify, under penalty of perjury, that the above information is true and correct. I have read the instructions and understand that I must meet the eligibility criteria in order to enroll in the ULTS program.

Customer signature	Date
---------------------------	-------------

E. Special communication assistance – In communicating with you, do we need to use special communication assistance? If so, please identify:

INSTRUCTIONS FOR COMPLETING THE ULTS ENROLLMENT FORM

- Part A** – To be completed by carriers if a carrier has enrolled the subscriber in ULTS subject to the completion and submission of the ULTS Enrollment form by the subscriber.
- Part B** - To be completed by carriers if a carrier has signed up the subscriber for ULTS service(s).
To be completed by subscribers if a subscriber wishes to prequalify before contacting carrier.
- Part C** - To be completed by subscribers. If you are enrolled in any one of the approved programs listed on the form, you qualify for ULTS. Since the National School Lunch's FREE Lunch Program and California Healthy Families Category A program are issued to the child instead of the subscriber, subscriber should include name of the child that is enrolled in the respective program.
- Part D** – To be completed by subscribers. By signing the form, the subscriber is certifying, under penalty of perjury, that the completed information is true and correct. The subscriber also certifies that he/she has read these instructions and he/she must meet the eligibility criteria in order to enroll in the ULTS program.

Mail the completed form with the required income documentation on or before the due date indicated in Part A to:

**ABC Contract Services
505 Van Ness Avenue, #200
San Francisco, CA 94102**

Subscribers enrolled in ULTS subject to the submission of the ULTS Enrollment form must complete the above described process on or before the date indicated in Part A. Any ULTS subscriber who fails to submit a signed enrollment form on or before this date *will be removed* from the ULTS program. The carrier has the authority to bill the subscriber for all ULTS discounts received. The subscriber will also be subject to the carrier's rules for regular residential customers including the establishment of credit.

- Part E** – To be completed by subscribers. In communicating with you, if the certifying agent and/or the Commission need to use special communication assistance, e.g. language, relay service, TTY, etc., please identify.

MASTER DATABASE & CONFIDENTIALITY OF CUSTOMERS' PERSONAL INFORMATION

<u>Field Name</u>	<u>Example</u>	<u>Carrier Viewable data</u>	<u>Auto populated (X) for changes and completion (* required and O optional)</u>	<u>New data to be completed by carrier (* required, O optional)</u>
Index #	Abc456abc			
Carrier Name	XYZ Telecom		* X (sign-in)	* X (sign-in)
Carrier U # (4-digit)	1234		* X (sign-in)	* X (sign-in)
Carrier e-mail address	run@abc.net		* X (sign-in)	* X (sign-in)
Language Served	Spanish	X	* X	*
ULTS subscription date	1/2/2004		*	*
Enrollment Form due date				* X (sign-in)
Anniversary date	Feb	X		
Subscriber Name - Last	Doe	X	* X	*
Subscriber Name - First and Middle	Jane A	X	* X	*
Subscriber SSN	987654321		O	O
Qualifying criterion (I or P)	I			*
Qualifying program				
Qualifying Child's name				
# of people in household	10			
ULTS Tel # - (10-digit)	4155551212		* X	*
Service Address: #	432	X	* X	*
Service Address: Street	First St, NW	X	* X	*
Service Address: Suite or Apt		X	X	*
Service Address: City	San Francisco	X	* X	*
Service Address: State	CA	X	* X	*
Service Address: Zip1 (5-character)	94101	X	* X	*
Service Address: Zip2 (4-character)	1234	X	X	O
Billing Address: #	987	X	X	O
Billing Address: Street	2nd St.	X	X	O
Billing Address: Suite or Apt		X	X	O
Billing Address: City	San Francisco	X	X	O
Billing Address: State	CA	X	X	O
Billing Address: Zip1 (5-character)	94101	X	X	O
Billing Address: Zip2 (4-character)	1234	X	X	O
Contact Tel # - (10-digit)	4155551213	X	X	O
Contact Tel extension	555555	X	X	O
Special Accommodation		X	X	O

Buttons:

Change of service provider and/or service address	Add new ULTS customer
---	-----------------------

WEB-BASED ENROLLMENT PROGRAM & ACCESSIBILITY BY DISABLED



Options for Viewing this Site:

► Text Only

► Español

Skip to DDTP, CRS, CTAP divisions: Skip to main content.

[Home](#)

[About Us](#)

[Contact Us](#)

[News](#)

[Feedback](#)

[Related Links](#)

[FAQs](#)

[CPUC](#)



DDTP
A Program of the California
Public Utilities Commission

**Deaf and Disabled
Telecommunications Program**

The California

Telecommunications Program (DDTP) is
a California State mandated program,
under governance of the California

[http://www.cpuc.ca.gov/ddtp](#)

[Click here for more information](#)



CTAP

**California Telephone Access
Program - Equipment**

The California Telephone Access

Program (CTAP) under the DDTP
distributes telecommunications
equipment and services to individuals

[http://www.cpuc.ca.gov/ctap](#)

of hearing, vision, mobility, and

[http://www.cpuc.ca.gov/ctap](#)

[Click here for more information](#)



CRS
California Relay Service
The power to hear.

California Relay Service

The California Relay Service

employs specially-trained operators to
telephone conversations back
between people who are deaf

[http://www.cpuc.ca.gov/crs](#)

and hearing people.

[http://www.cpuc.ca.gov/crs](#)

[Click here for more information](#)

Program Highlights and Updates

3/14/2005. **New DDTP Website.**

We are proud to announce the new DDTP website. The new website reflects the collaborative efforts and number of users, agencies, and representatives.

[Click here to provide your comments](#)

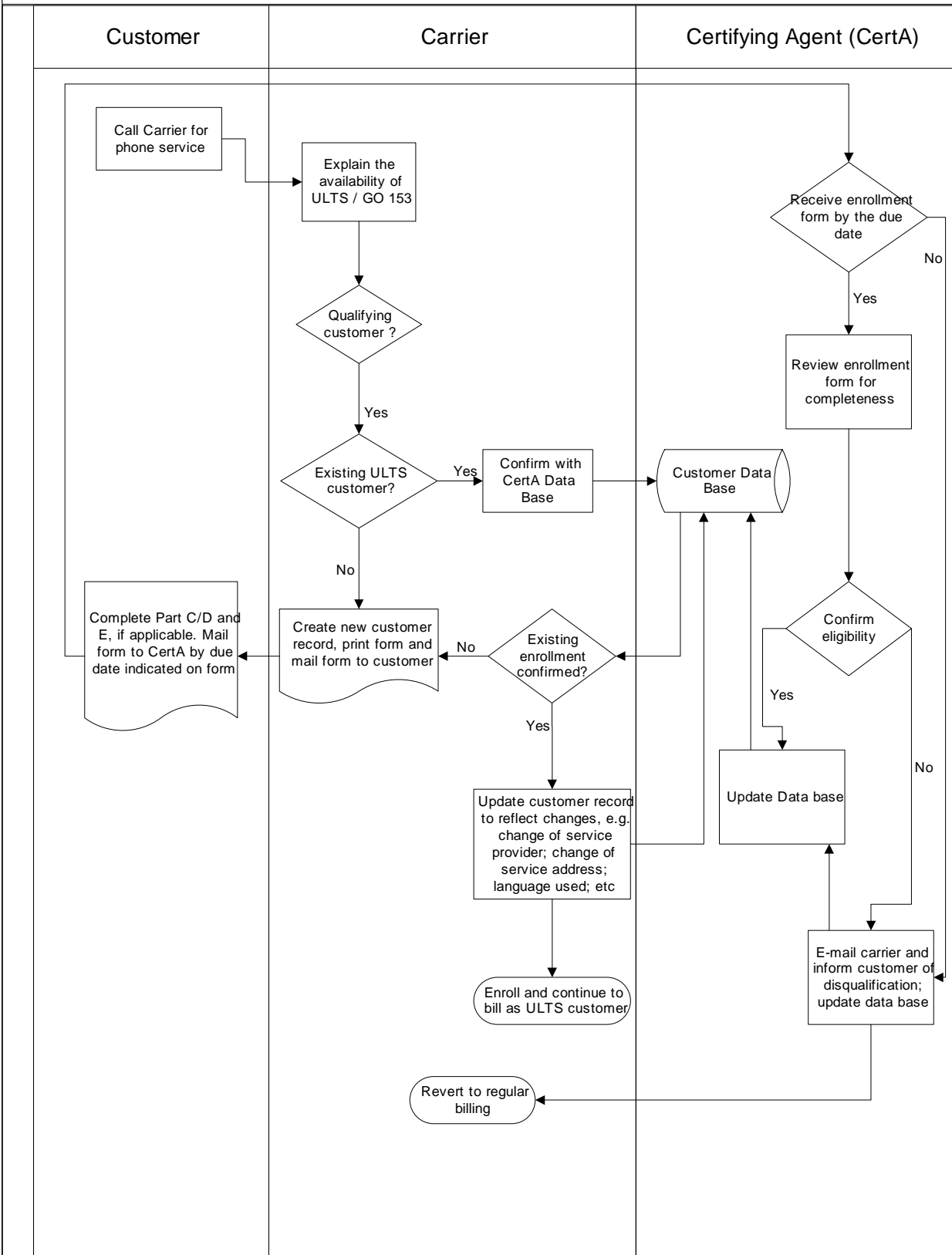
[Click here for more info about New DDTP Website](#)

1/26/2005. **Statewide marketing promotes Dial 711....**

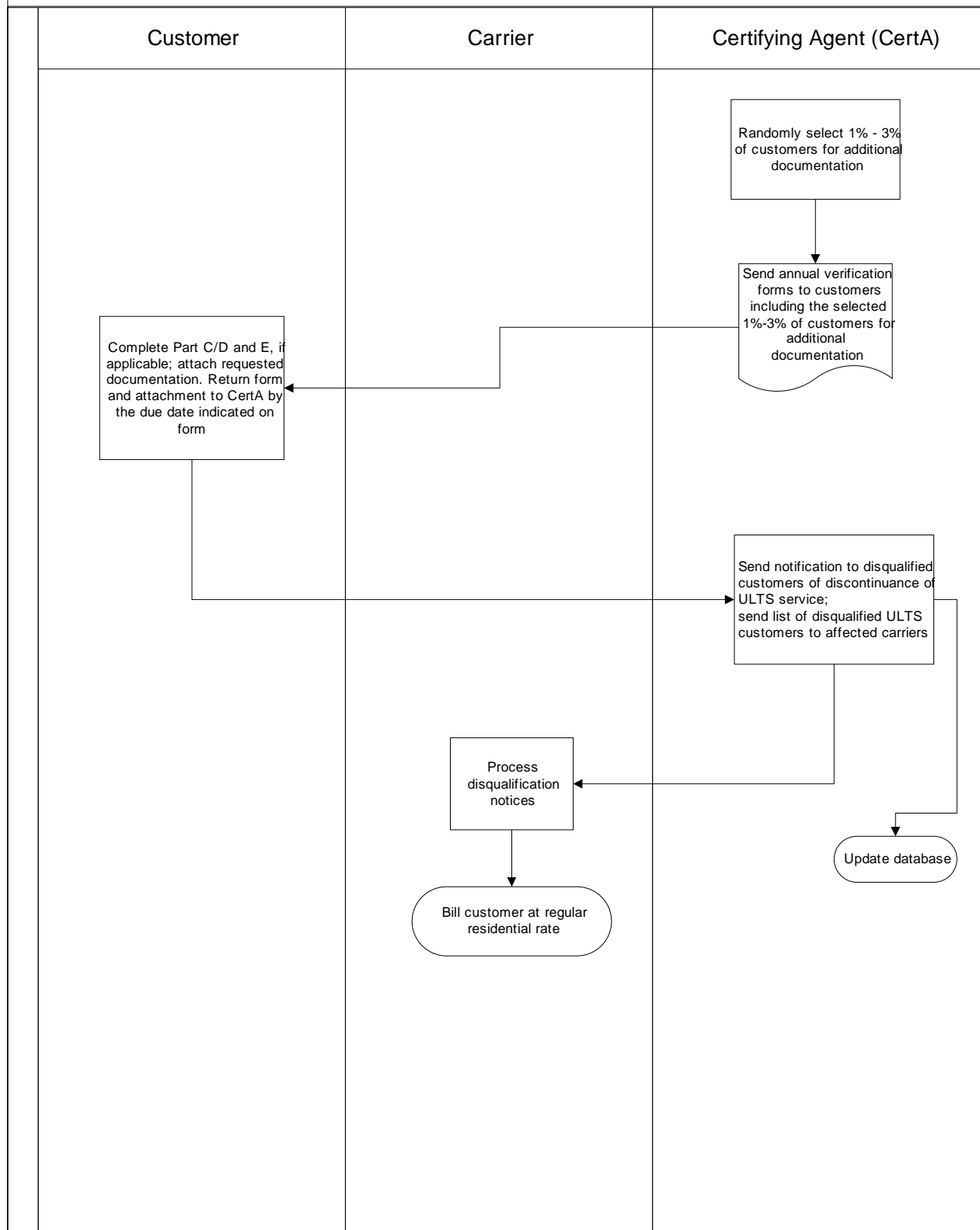
[Click here for more info about Statewide marketing promotes Dial 711...](#)

1/26/2005. **Major media effort in Los Angeles for CTAP....**

CERTIFICATION PROCESS



VERIFICATION PROCESS



IMPLEMENTATION

Phase I – Set-up

- Design a program enabling the merging of ULTS customer databases from 35 to 40 carriers into one master database. This master database should facilitate the search of customers by carriers by the customer's last name.
- Design a mechanized system or web-based program with restricted access for carriers.
- Design a web-based program for consumers with screen-reading compatibility
 - Information about ULTS enrollment
 - Online certification and verification forms
- Complete the design and translation to different languages of:
 - Certification form
 - Verification form
- Establish procedural manuals for:
 - Maintenance of the database;
 - Communications to and from carriers;
 - Review of customers' income documents for enrollment;
 - Determination of customers' anniversary dates;
 - Review of customer's annual verification forms; and
 - Storage and purging of customer's income documents, enrollment forms, and verification forms.
- Establish an 800 call-in number for carriers and consumers

Phase II – Implementation

- Merge the carrier databases into a master database;
- Activate the 800 number;
- Activate the web-based program for carriers; and
- Activate the web-based enrollment program for consumers

Phase III – On-going

- Certify and verify ULTS customers;
- Update the master database;
- Update and revise the web-based programs as deemed necessary; and
- Update and revise the procedures manuals as deemed necessary.